

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)

SERIAL NO.

APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
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50						
TOTAL						
TOTAL						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
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100						
TOTAL						
TOTAL						
TOTAL						

108

0201-1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 477)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OFF.	NO.	OFF.
	NO.	OFF.	NO.	OFF.	NO.	OFF.				
1							61			
2							62			
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4							64			
5							65			
6							66			
7							67			
8							68			
9							69			
10							70			
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TOTAL NO.							TOTAL NO.			
TOTAL OFF.							TOTAL OFF.			
TOTAL							TOTAL			